

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
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47	/					
48						
49						
50						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	43	↓		↓		↓
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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54						
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59						
60		3				
61		3				
62		3				
63		3				
64		3				
65		3				
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97						
98						
99						
100						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	71	↓		↓		↓
TOTAL CLAIMS	78					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS